**DEPARTMENT OF SOCIAL SERVICES**
744 P Street, Sacramento, California 95814

August 3, 1999

REASON FOR THIS TRANSMITTAL

[X] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[ ] Initiated by CDSS

ALL COUNTY LETTER NO. 99-50

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
ALL JUVENILE COURT JUDGES
ALL CHIEF PROBATION OFFICERS
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY ADOPTION AGENCIES AND STATE ADOPTIONS DISTRICT OFFICES

SUBJECT: BEST PRACTICES CHILD AND FAMILY ASSESSMENT PILOT PROJECT

REFERENCE: SENATE BILL 933, CHAPTER 311, STATUTES OF 1998, ACIN I-78-98

The purpose of this letter is to invite counties to submit a letter of interest to be considered as participants in a two-year Best Practices Child and Family Assessment Pilot Project. The project will test the effectiveness of a child and family assessment protocol developed in collaboration with pilot county agencies and other stakeholders, such as mental health, public health, education, parents, and advocates. CDSS is soliciting participants for the pilot, which will commence in September 1999. By May 1, 2001, CDSS will report to the Legislature on the results of the pilot. The report will contain CDSS' recommendations for implementation of the child and family assessment protocol including incorporation of the assessment process into the child welfare services case management system.

By participating in this pilot, counties have the opportunity to play a significant role in the development of an enhanced child and family assessment protocol that will naturally complement current initiatives for assessment, reassessment and permanency planning. Counties will participate in exchanging information with the other chosen pilot project counties. The Best Practices Child and Family Assessment represents a paradigm shift firmly promoting family-centered decision-making.

To begin the implementation of the pilot, CDSS convened an Advisory Group (Attachment 1) of representatives from counties, state departments, Regional Training Academies, and providers. This group met to develop a strategy for designing and implementing the pilot and to define the Group's structure, roles and responsibilities. The Advisory Group recommended the establishment of a project Design Team to create the protocol and design the pilot. This team will be comprised in part of representatives of the selected pilot counties. The Design Team may also include parents; state staff from multiple departments; legal, fiscal, academic, and legislative representatives; community members, and the evaluator.

The result of this pilot is a protocol that integrates the philosophies and perspectives of the recently-published Best Practices Guidelines (Attachment 2) with existing social service agency assessment tools, processes and protocols, such as:

- SB 2669 Model Needs Assessment Protocol for pregnant and postpartum substance abusing women
- Emergency Response Protocol
- Structured Decision-Making Process
- Wraparound Process
- Kin Assessment Tool
- Family Unity/Family Group Conferencing

The areas of case management affected by the integration of the best practices with current tools, processes and protocols, include the following:

- Assessment: Strength-based, family-centered methods of engaging families and gathering background information.
- Planning: Individualized, strength-based, needs-driven planning with families and children.
- Reevaluation: Monitoring and reevaluation of individualized child and family plans.
- Placement: Selection, monitoring, and support of placements to address strengths and needs.

The protocol shall identify the strengths and needs of the child to be met by the placement program and methods for monitoring the delivery of services by the placement agencies. The assessment shall be sensitive to the ethnic and linguistic background of the children and families being assessed. The assessment protocol shall include consideration of the child's age and previous placement history. There should be other specific indicators, including such factors as living arrangements, cultural background, and religious orientation. The Design Team will do the following:

- Develop the child and family assessment protocol.
- Ensure that the protocol is compatible with other projects undertaken by counties.
- Consider research relevant to child and family assessment tools, processes, and protocols, as presented by the Research Advisory Group.
- Design the pilot.
- Work with the Research Advisory Group to ensure that the pilot is designed to allow for effective evaluation.
- Work closely with the Advisory Group regarding approach and progress.
- Ensure stakeholder involvement.

CDSS will support the project as follows:

- Convene the Advisory Group. CDSS will facilitate participation by representatives from the various state department agencies; a Research Advisory Group; and the Regional Training Academies who are currently engaged in developing or implementing child and family assessment protocols and who can provide technical assistance and training.

- Select pilot counties and convene the Design Team.
- Provide continuing guidance to the Design Team on developing, evaluating, and revising a child and family assessment protocol through support and resources to the team as needed.
- Select and contract with an independent evaluator to evaluate the pilot.
- Finalize a formal child and family assessment protocol for children receiving cross-agency, mutual support based on the results of the pilot and in collaboration with county agencies and other stakeholders (with the Advisory Group and the Design Team).
- Report to the Legislature with recommendations for implementation.
- Report to the Legislature recommendations for integrating the training and technical assistance on the protocol into the curricula of the Regional Training Academies (through county placing agencies, Regional Training Academies, Inter-University Consortium and California Social Work Education Center).
- Ensure that the child and family assessment protocol that is developed, is in compliance with the principles and values of the Best Practices Guidelines per Senate Bill 933, Chapter 311, Statutes of 1998, and All County Information Notice (ACIN) I-78-98.
- Monitor compatibility of the child and family assessment protocol with current workload study requirements per Senate Bill 2030, Chapter 785, Statutes of 1998.

Pilot counties will do the following:

- Consistently attend Design Team meetings which may occur twice monthly during the design phase (approximately September 15, 1999 through February 1, 2000) and once per month thereafter.
- Provide at least one staff member from social services and attempt to include one staff member from Mental Health, Probation, Education or Public Health to represent the county on the Design Team.
- Ensure communication between the county's Design Team members and the county staff who will be implementing the pilot.
- Select pilot county coordinator.
- Ensure that the pilot is implemented in a way that can be effectively evaluated.
- Assist evaluator in collecting necessary data by making staff available for interviews.
- Collect data as determined by pilot and the evaluation design.

We anticipate that pilot counties are not likely to incur any extraordinary costs during the design and early implementation phase. Though we do not anticipate costs during the evaluation phase, CDSS will work with the Design Team to identify any potential costs associated with that phase of the project. Attachment 3 contains a description of the project timelines, including the proposed outcomes and completion dates.

The Best Practices Child and Family Assessment Pilot is open to all counties. The Department will select four counties. The counties will represent geographical and demographic diversity to the extent possible. Counties will be selected by September 15, 1999 based on the extent to which the letter of interest addresses the issues outlined below; and preference will be given to those counties, which are currently:

- implementing best practice in other areas such as needs-driven and/or family-centered services, community-based initiatives and collaborative processes,
- capable of implementing the project and fully participating in the partnership process, and
- including probation officers in their collaborative efforts.

In order to be considered as a Pilot County, we ask that you submit a letter of interest signed by the County Welfare Director by **August 31, 1999**. The letter must briefly describe the following:

- Your county's current capacity or willingness to meet the preference criteria listed above.
- Why you are interested in being a Best Practices Child and Family Assessment Pilot county.
- How your participation in this project will support or fit with your current county efforts.
- Current implementation activities of best practices (i.e., needs-driven, family-centered initiatives).

All counties will be informed of the Department's decision by written notification. Please submit your letter of interest to:

Cassandra Day, Program Development Manager
Children and Family Services Division
744 P Street, MS 19-87
Sacramento, CA 95814

If you have questions or need further clarification regarding this All County Letter, call:

- Paul Landman at (916) 445-5829 (e-mail Paul.Landman@dss.ca.gov)
- Lisa Korechoff at (916) 324-6795 (e-mail Lisa.Korechoff@dss.ca.gov)

We look forward to an exciting and productive pilot and welcome any comments or questions.

Sincerely,

**Original signed by:**
**Del Sayles-Owens on 8/3/99**

DEL SAYLES-OWEN, Acting Deputy Director
Children and Family Services Division

Attachments (3)

Attachment 1

## Advisory Group

### Representative County and State Departments and Agencies

Central California Child Welfare Training Academy
Department of Human Services, City and County of San Francisco
Eastfield Ming Quong Children and Family Services
Human Resources Agency, County of Santa Clara
Judicial Council of California
Los Angeles County Department of Children and Family Services
Los Angeles County Department of Mental Health
New Alternatives, Inc.
Orange County Department of Social Services
Sacramento County Department of Health and Human Services
Sacramento County Probation Department
San Diego Health and Human Services Agency
San Joaquin County Probation Department
Santa Clara County Social Services Agency
Solano County Health and Human Services
Stanislaus County Community Services Agency
State Department of Mental Health
California Department of Social Services, Foster Care Branch
California Department of Social Services, Adoptions Branch
California Department of Social Services, Research and Evaluation Branch
California Department of Social Services, Children's Services Branch

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, California 95814

December 17, 1998

ATTACHMENT 2

ALL COUNTY INFORMATION NOTICE NO. I-78-98

REASON FOR THIS TRANSMITTAL
[X] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHILD WELFARE SERVICE PROGRAM MANAGERS
ALL JUVENILE COURT JUDGES
ALL CHIEF PROBATION OFFICERS
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY ADOPTION AGENCIES AND STATE ADOPTIONS DISTRICT OFFICES

SUBJECT: SENATE BILL (SB) 933 BEST PRACTICE GUIDELINES FOR ASSESSMENT OF CHILDREN AND FAMILIES

REFERENCE: SB 933, CHAPTER 311, STATUTES OF 1998

The purpose of this notice is to provide county placing agencies and juvenile courts with current best practice guidelines for the assessment of children and families who receive child welfare and foster care services. Senate Bill 933, Chapter 311, Statutes of 1998, required the California Department of Social Services to make available best practice guidelines for: 1) gathering background information on children and families; 2) identifying needs and appropriate services for the case plan; and 3) monitoring and reassessing case plan progress. For children placed in group homes or foster family agencies, the guidelines also identify processes for the selection and monitoring of placements to best address the strengths and needs of the children and families.

The "Best Practice Guidelines" (attached) lay the foundation for the development of a family-centered, strength-based assessment and planning process across the full spectrum of child welfare and foster care services. Senate Bill 933 also requires CDSS to conduct a pilot project to test the effectiveness of an assessment protocol or process developed in collaboration with county agencies and other stakeholders.

By July 1, 1999, CDSS will solicit participants for a two-year pilot, which will commence on or before September 1, 1999. On May 1, 2001, a report will be completed and forwarded to the Legislature with recommendation for statewide implementation of a formal assessment instrument or process.

If you have any questions concerning this notice or the Best Practice Guidelines, please contact Jean McGrath at (916) 322-5387 (e-mail: jmcgrath@dss.ca.gov) or Jennifer Bianchi at (916) 445-2776 (e-mail: jbianchi@dss.ca.gov).

Sincerely,

***Original Document Signed By Marjorie Kelly on 12/23/98***

MARJORIE KELLY, Deputy Director
Children and Family Services Division

Attachment

cc: California Welfare Directors Association
County Probation Officers of California
California Department of Mental Health

# BEST PRACTICE GUIDELINES FOR ASSESSING FAMILIES AND CHILDREN IN CHILD WELFARE SERVICES

Safety, stability, and the permanence of families in the child welfare system are of paramount importance. Responsibility for the well being of children must be shared among family members, community members and service professionals. The California Department of Social Services (CDSS) is committed to using family-centered, strength-based, solution-oriented principles to advance an overall policy objective of establishing safe, stable, and permanent families for children that promotes healthy social, emotional, physical and cognitive development. The use of family-centered, strength-based strategies in assessment and planning creates opportunities for families, community members and professionals to work collaboratively toward the achievement of positive outcomes.

## What Are Best Practice Guidelines and How Will They Be Used?

Senate Bill 933, Chapter 311, Statutes of 1998, requires the California Department of Social Services to make available *best practice guidelines* for the assessment of children and families to all county placing agencies and the courts. These *best practice guidelines* provide information and direction regarding strategies and methods that promote high quality intervention and service delivery to children and families. *Best practice guidelines* lay the foundation for expanding the use of family-centered principles and strategies across the full spectrum of child welfare services. Senate Bill 933 also requires CDSS to conduct a pilot project to test the effectiveness of an *assessment protocol or process* developed in collaboration with county agencies and other stakeholders. By July 1, 1999, CDSS will solicit participants for a two-year pilot, which will commence on or before September 1, 1999. On May 1, 2001, a report will be completed and forwarded to the Legislature with recommendations for statewide implementation of a formal assessment instrument or process.

# Principles of Strength-Based, Family-Centered Practice

The primary philosophy of the Best Practice Guidelines for families and children receiving child welfare services is that the best decisions about families are made by the families themselves. The best care and protection for children can be achieved when community and agency support systems focus on developing and using the positive forces and strengths of nuclear and extended families.

The Best Practice Guidelines represent a fundamental paradigm shift in the way services are designed and delivered:

| **From Professionally-Centered** | **To Family-Centered** |
|---|---|
| Experts determine need | Families identify need |
| Families viewed as operating from deficit | Families viewed as operating from capability |
| Service aimed at correcting family and child's deficits | Services aimed at identifying and strengthening capabilities |
| Fit family to professional service | Tailor service to uniqueness of family need |
| Low level of family decision making | High level of family decision making |
| Focus on identifying and removing problems | Focus on enhancing competencies |
| Fixed roles and service provision | Flexible roles and service provision |

The purpose of these Best Practice Guidelines is to improve the care and well-being of children by: 1) helping families to strengthen themselves and provide safe, stable environments for their children; 2) building resources to keep families together whenever possible; 3) promoting each family's ability to work as a decision-making body; 4) exploring and promoting the placement of children with relatives; and 5) increasing safety, stability and permanency for children and families.

A word on definitions: Given the diversity of families, no single definition encompasses the breadth and depth of arrangements that families have made for themselves. Hence, the best definition of "family" is the definition that families use themselves. Whatever the family –birth, nuclear, extended, informal, blended, step, foster, adoptive – families work better when they have the opportunity to define themselves.

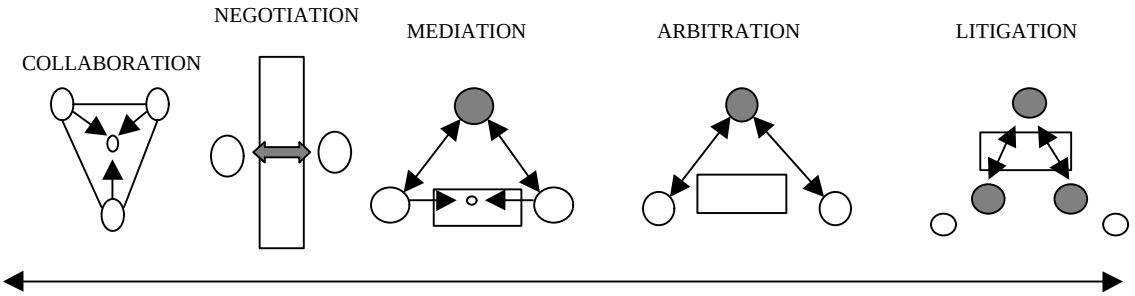
# Integrating Family-Centered Practice with Protective Authority

*Professionals always will be challenged to balance the best interests of the child, respect for the family as a unit, and professional expertise. The philosophy of family-centered practice is not a dogma to be implemented at all times in all situations; it is, though, intended to be the rule rather than the exception (Allen & Petr, 1998).*

Family-centered, strength-based practice is an effective approach with most families in most situations. People often react to intrusive authority with anger, opposition, passive resistance or ambivalence. Approaching families from a position of respect and cooperation supports a collaborative decision-making process and improves the likelihood of positive changes and outcomes for both the child and family.

There are limits to the application of a family-centered approach. For *some* families at *some* points, it may be necessary to use a more authoritative or professionally-driven approach when child safety is in jeopardy or when parents lack the capacity or willingness to participate in a collaborative decision-making process. Parents or primary caregivers should participate in all aspects of planning to the degree they are able, and to the extent permitted by any outstanding orders of the court. It is important to consider the broader definition of 'family' and continually examine opportunities to encourage family members to be as involved as possible in decision-making.

There are many ways to make decisions. Each has certain advantages and each is important. The advantages of collaboration and negotiation in decision-making increase the level of investment and commitment that families, children and communities have in the plans and the outcomes. Below is a continuum of decision-making strategies – from those in which the family team decides to those in which the protective authority decides:




| ○ FAMILY-CENTERED DECISION MAKING | ● SYSTEM-DRIVEN DECISION MAKING |
|---|---|
| Concerned Parties have most influence on outcome | Concerned parties have least influence on outcome |
| The process works toward a win/win outcome | The process works toward a win/lose or lose/lose outcome |
| Requires/invites cooperation and trust for success | Requires/invites opposition/distrust for success |
| Time/resources devoted to helping, changing and healing | Time/resources devoted to documentation and winning |

(Graber & Nice, 1998)

# Key to Guidelines

The centerpiece of the Best Practice Guidelines is using the resources and strengths of families, friends, relatives and communities to promote the safety and well being of children and families. The guidelines identify criteria for developing and supporting family-centered, strength-based planning processes across the full spectrum of child welfare services. The criteria are defined at the *Practice*, *Program and System* levels. *Practice* criteria serve as a guide to child welfare services staff and service providers for implementing strength-based, family-centered assessment and planning. *Program* criteria address structures and supports that encourage the use of this process. *System* criteria promote collaboration, flexibility and shared accountability within and among agency and community systems.

**These guidelines are organized into the following four areas:**

⇒ Assessment: Strength-based, family-centered methods of engaging families and gathering background information;

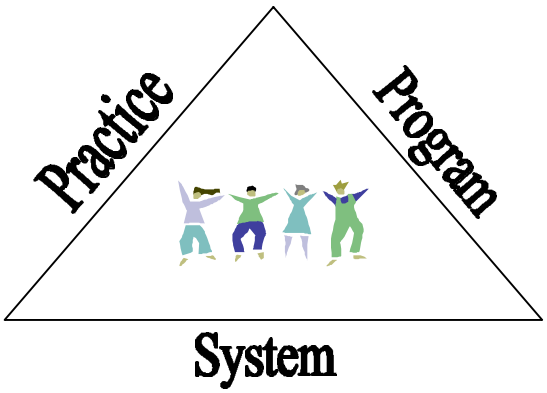
⇒ Planning: Individualized, strength-based, needs-driven planning with families and children;

⇒ Reevaluation: Monitoring and reevaluation of individualized child and family plans;

⇒ Placement: Selection, monitoring and support of placements to address strengths and needs.

Statements referred to as "guidelines" follow each of the best practice areas. The guidelines are designed to provide direction regarding the development of agency strategies and processes that promote the active participation of family members. Although many guidelines may be attached to more than one best practice area, each indicator is listed only once, under the area to which it most directly relates.

These initial guidelines have been developed with the knowledge that best practices change over time. Best practice guidelines need to be updated at regular intervals to incorporate new information and changing conditions driven by a continuously evolving research base.



# Assessment:
# Strength-Based, Family-Centered Methods of
# Engaging Families and Gathering Background Information

*Children within the context of their families are the central focus of child welfare practice. Engaging families in a collaborative and supportive manner from the first contact establishes a cooperative foundation for future relationships and provides the opportunity for families and service professionals to assess family concerns, strengths, and resources together.*

**Practice:**

1. Families are full and active partners in all aspects of the information gathering process.

2. Partnerships are built with families by using respectful, non-judgmental, and non-blaming approaches.

3. Child welfare workers and service providers use approaches of involvement that invite people to pull together instead of working against each other.

5. Child welfare workers and service providers respect differing points of view and recognize that healthy conflict can enhance problem solving.

6. The family is encouraged to identify family members, community members and service providers who will support them and can assist them with gathering background information, identifying strengths and needs, and in formulating individualized plans. These persons are potential members of the child and family team.

7. Families are assisted in identifying preferences, norms, culture and experiences that have formulated their perspectives and values.

8. Strengths and resources of children and families are continuously identified and discussed, and serve as the basis for relationship-building and strategy development.

9. Child welfare workers and service providers look for the family's capabilities and help the family enhance its competencies.

10. Child welfare workers and service providers engage the families in settings that support information sharing and trust building.

11. Child welfare workers and service providers engage families in ways relevant to the situation and sensitive to the values of their culture.

12. Families, community members, and service providers work together in identifying safety plans to assure that children and families are protected and have immediate access to crisis intervention resources.

**Program:**

1. Programs are designed to engage families in collaborative relationships at the outset to maximize information gathering and assessment of strengths and needs.

2. Programs support and encourage collaboration among service providers and families in gathering background information and assessing children and families.

3. Child welfare staff and program administrators are trained in strength-based, family-centered practices. Families are encouraged to participate in the design and delivery of training.

4. Training for staff emphasizes skills for developing partnerships with families, community members and service providers.

5. Programs are designed to foster commitment and shared accountability among families, community members and service providers.

**System:**

1. Support for strength-based, family centered principles is articulated across systems.

2. Policies and procedures support family-centered services and fiscal flexibility across systems.

3. Processes are established for changing system policies and procedures to support strength-based, family-centered practice.

4. Opportunities are created for child welfare agencies, service providers, families and community members to work collaboratively in sharing information and maximizing formal and informal resources available to families.

5. Child welfare staff, service providers, community members and families participate in cross-disciplinary training that supports strength-based, family-centered principles.

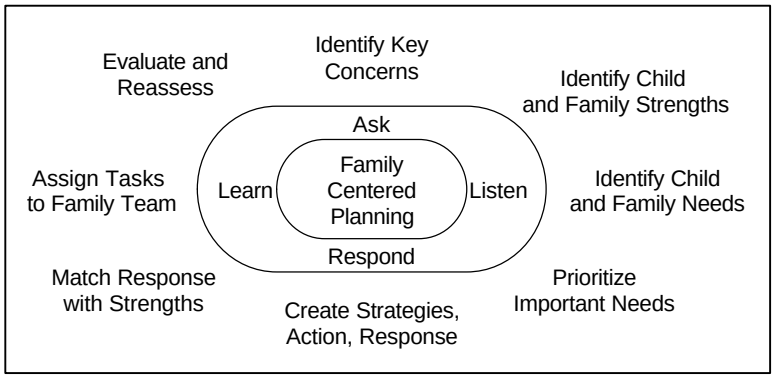
6. Child welfare and service systems promote the use of collaboration and negotiation over litigation whenever possible when making decisions regarding families.

7. Support for innovation and creativity is clearly articulated and systematically provided.

# Planning:
# Strength-Based, Needs-Driven
# Planning with Families and Children

*A strength-based approach to planning involves learning about families' and children's preferences, values, norms, capabilities, and world view. Awareness of strengths supports the development of strategies built on competencies, attributes, and resources. These strength-based strategies enhance the physical, psychological and social well being of children and families.*

*The composition of teams – whether they are called 'family teams' or 'support teams' – is tailored to each family and driven by the needs of the situation: In general, the more intensive the need, the more varied the support team. Family teams can be comprised of family members, community members and service providers. The balance of service providers to the family's informal support works best when kept under fifty percent.*




**Practice:**

1. Decisions are based on a family's preferences, choices, and values – not on administrative expediencies. This change illustrates the paradigm shift from professional-centered planning to family-centered planning.

2. Families are full and active partners in all aspects of planning, support identification, and service provision.

3. Planning is individualized, focusing on and building on strengths. Individualized planning promotes success, safety, and permanency in home, school, and community and meets the unique needs of families and service providers.

4. Planning is a team process, involving the family, the child, natural supports, agencies and community services. Team members are selected by the family, based on who cares for them, knows them best, and can be helpful.

5. Families, together with their team, identify their own strengths and those of the individual members. Strengths include attitudes and values, skills and abilities, attributes, support systems and history.

6. Families identify the needs that can be met by drawing on strengths within the family or strengths in the family's informal support network.

7. Families and support teams identify child and family concerns in all areas of life and prioritize the most critical needs to be addressed.

8. Family concerns, program concerns, and system concerns are identified and clarified in a manner that supports collaboration and negotiation.

9. Child welfare workers and service providers practice the art of suggesting strength-based ways of looking at situations, relationships, or behaviors. Concerns are addressed directly in a respectful, strength-based manner.

10. Families identify their own outcomes based on information and support from team members.

11. Family conferencing is encouraged. Children are provided with the option to participate in conferences with consideration given to factors of age, emotional development, and stability. Children, parents, relatives, family friends and involved professionals share information that supports the development of individualized child and family plans.

12. Plans include a balance of family resources, informal community resources, and formal agency resources.

13. Ongoing assessments that build on the strength of the child and family unit, and that identify desired outcomes, are critical in the development of effective case plans for children.

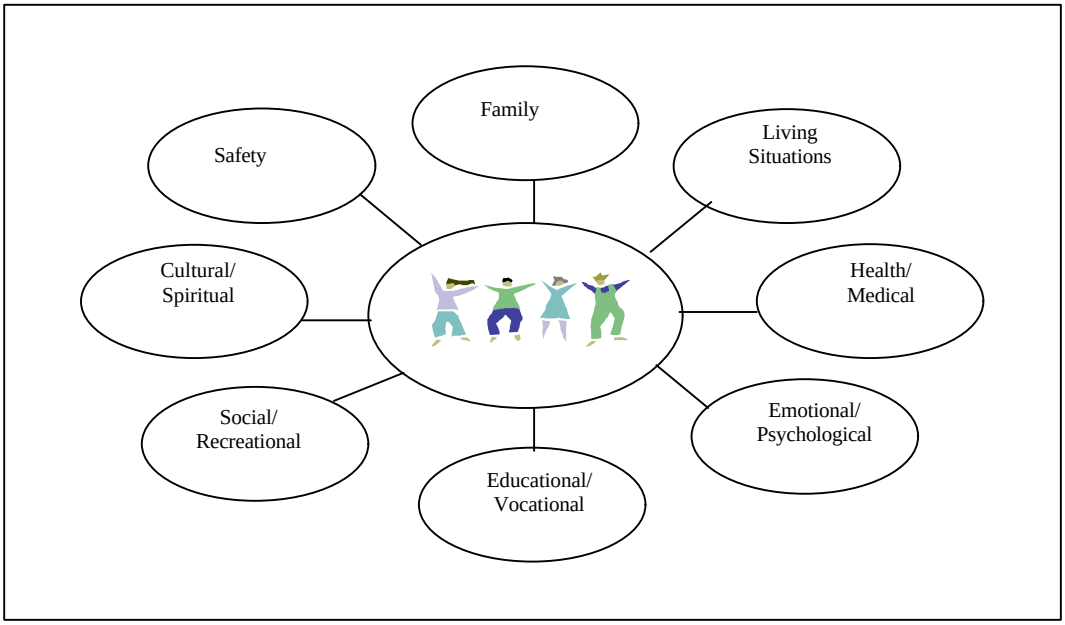
14. Families have reasonable access to a flexible, affordable, individualized array of supports, services, and material items that enable them to maintain themselves as a family.

15. Services and supports are created to ensure that plans are individualized, building on strengths to meet the needs of children and families across life domains. The family's strengths, including the social networks and informal supports already available to and within the family, are the foundation upon which new supports are designed or provided.

16. Services are culturally and geographically sensitive and able to meet families' diverse needs.

17. Families, child welfare workers, community members, and service providers openly work together in developing alternate forms of permanency. Confidentiality issues are addressed and resolved early in the process with families.

**LIFE DOMAINS**
Family, School, & Community




**Program:**

1. Programs are designed to promote the use of family decision-making by family teams. Family teams are comprised of family members, community members, and service providers, based upon family preference and the extent and complexity of family and child needs.

2. Child welfare workers and administrative personnel identify the program needs that can be met by drawing on strengths within the program or strengths in the program's support network.

3. Services and supports are created to support individualized, strength-based planning across life domains. Potential social networks and informal supports are identified and expanded to support the planning process.

4. Programs operate on a continuing commitment to success, insuring that children and families are supported in meeting the goals that they set for themselves. Plans are changed and new resources are incorporated to address challenges that arise.

5. Families, child welfare workers, community members, and service providers openly work together in developing alternative forms of permanency that draw upon extended family, are culturally relevant, and are in close proximity to the family of origin.

6. Programs are designed to support families and service providers in resolving confidentiality issues early in the process.

**System:**

1. Services and resources are responsive to families' culture, values, choices, and preferences.

2. Planning provides opportunities for collaboration and shared accountability among service providers within and across communities.

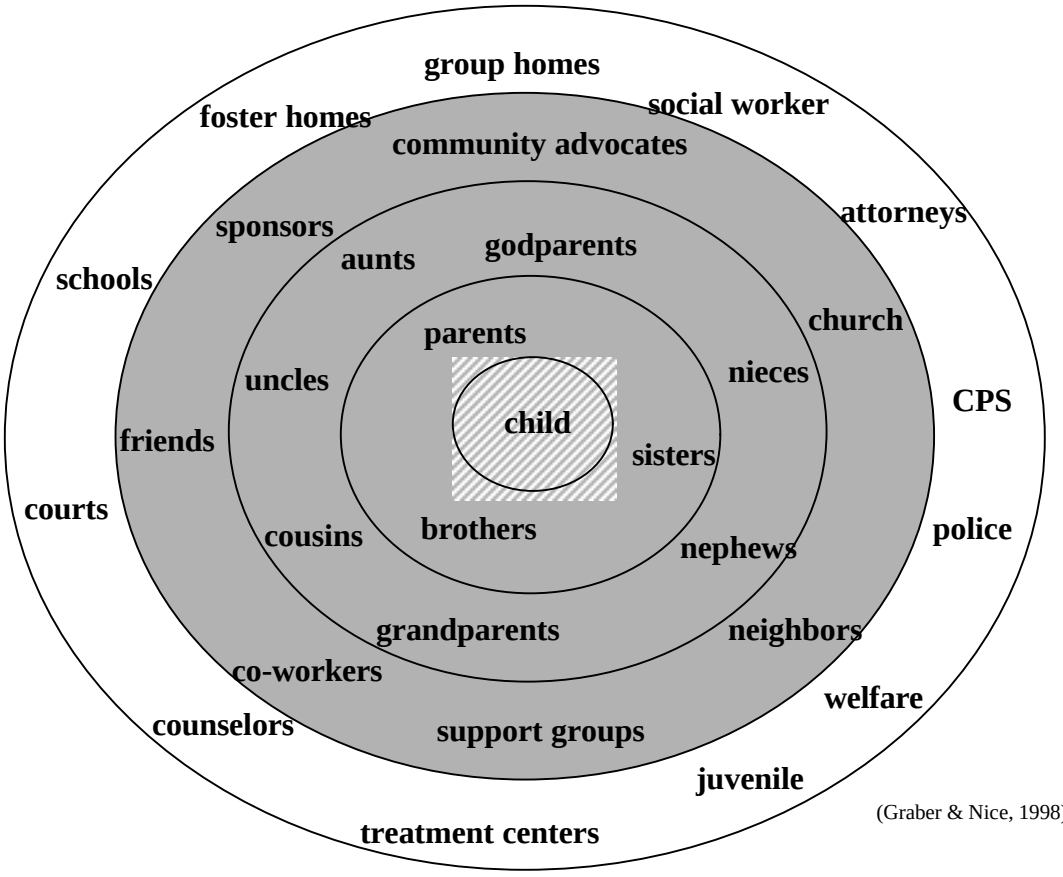
3. Systems are modified to ensure programs can be tailored to individuals, building on community strengths to promote service delivery across system domains.

4. System administrators support child and family team members in the planning process and assist with resolving obstacles or barriers that impede collaboration.

5. Program planners and system administrators identify the gaps in service provision that can be met by drawing on strengths within the community or strengths in the service delivery system. Service systems support families and service providers in resolving confidentiality issues early in the process of working together.

6. System-required outcomes not intrinsically valuable to the family are separated to support their being addressed in a manner consistent with the outcomes desired by the child and family team.

**A Child's Resources**




(Graber & Nice, 1998)

# Reevaluation:
# Monitoring and Reevaluation of Individualized Child and Family Plans

*The effective monitoring of child and family plans requires that information from children, families, support teams, and service providers be continuously fed back to the service system to insure that intervention strategies can be modified as needed to support positive outcomes.*

**Practice:**

1. Families and their support teams are full and active partners in all aspects of case reassessment and service evaluation. The opportunity for families to provide feedback on the quality of their services enhances family empowerment.

2. Ongoing assessments build on the strengths of the child and family unit, encompass the spectrum of life domains, and establish what progress has been made toward family-identified outcomes.

3. Evaluation is integrated into all services provided to families.

4. Families and their support teams regularly evaluate their team's process and their ability to implement and adhere to principles of family-centeredness.

5. Child welfare workers and service providers seek families' input and feedback on an ongoing basis to evaluate the continuing suitability and effectiveness of services in achieving identified outcomes.

6. Services and resources are adapted when reassessment indicates that their application might better strengthen families in other ways.

7. Families, child welfare workers and service providers are full and active partners in all aspects of service reassessment and program evaluation.

**Program:**

1. Ongoing assessments create feedback loops to modify planning and service delivery within the system.

2. Reassessment and evaluation are integrated into programs and services.

3. Families participate in deciding what progress indicators are measured and the means by which they are measured.

4. Safety, permanence, child well-being and family satisfaction with planning, implementation, and outcomes are employed as benchmarks in service evaluation.

5. System resources are re-tooled when reassessment indicates adjustments or enhancements are needed to achieve desired outcomes.

6. Services and resources continue to be aimed at supporting and strengthening families, workers and providers.

**System:**

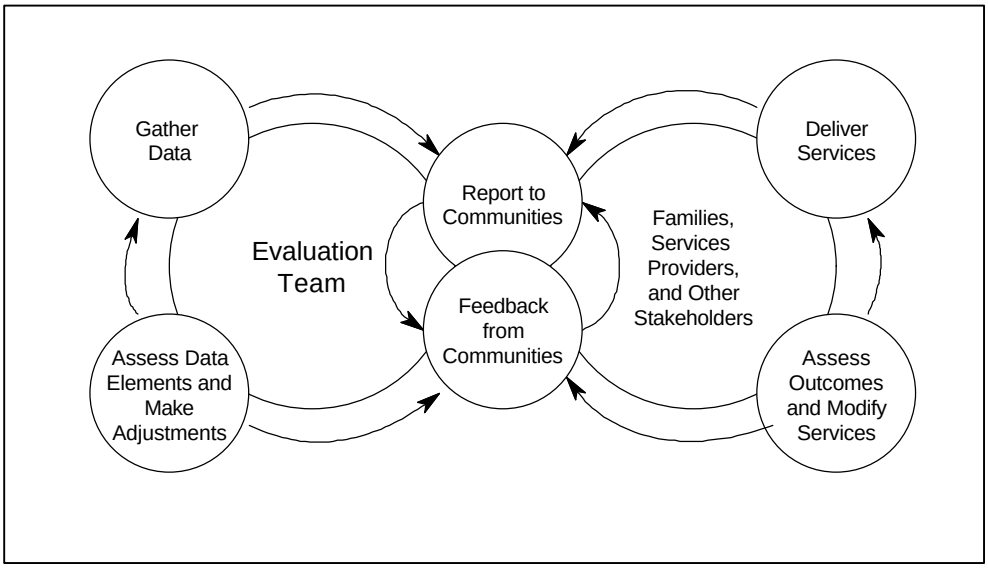
1. Capacity is developed to manage and lead the change process necessary to shift the service delivery paradigm from "professional centered" to "family centered."

2. Evaluation is integrated into the system of services.

3. Service systems evaluate adherence to principles of family-centeredness across system domains.

4. Services across the system are integrated to promote flexible responses.

5. Service systems identify strengths and gaps in service delivery system domains and develop strategies for maximizing collaboration within and among systems.

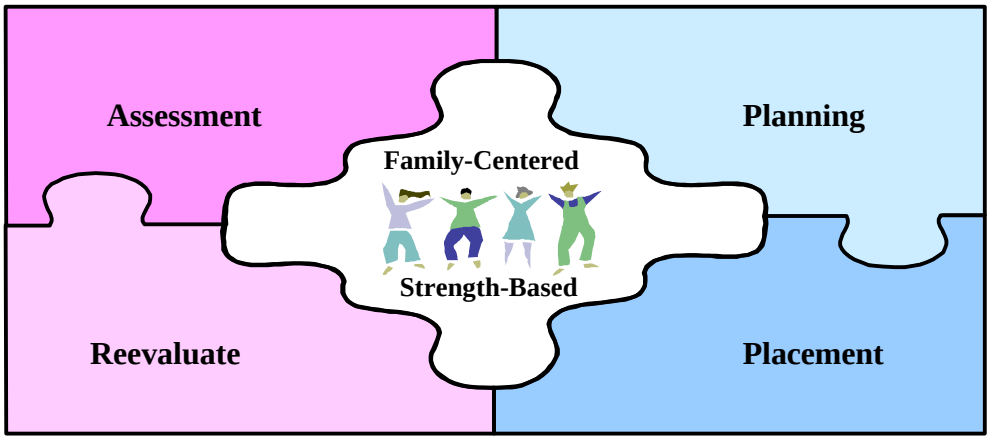



(Coe, Tighe, Burchard, Pandina, Wright, 1997)

# Placement:
# Selection, Monitoring and Support of Placements
# To Address Strengths and Needs

*When out-of-home placement cannot be avoided, placement should be structured to ease distress to children and families and to reduce the long-term negative effects of separation. For children with special needs, involving family members in the placement process will help identify the foster family or group home that best addresses the child's strengths and needs and will ultimately promote the child's adjustment to out-of-home placement.*

## Putting the Pieces Together




**Practice:**

1. Families and children are full and active partners in all aspects of placement selection. Placement providers are involved as early as possible in the intervention process to minimize retraumatization.

2. Partnerships are built with and between families and potential foster/adoptive families or placement providers by encouraging respectful, non-judgmental, and non-blaming approaches.

3. The preferences, norms, culture, and experiences of the child and family are considered in placement selection.

4. Placements maximize the maintenance of the child's relationships with birth family, relatives, informal support systems and the community.

5. Placement selection is individualized, focusing on and building on strengths and needs of the child and family in all life domains. Domain strengths and need areas that drive placement selection include safety, living situation, family, health/medical, emotional/psychological, educational/vocational, social/recreational, and cultural/spiritual.

6. Children, family members, service providers, placement providers and community members assist in identification of strengths and needs.

7. Families and their support teams decide before placement on the goals and outcomes of that placement. Reunification and concurrent planning issues are addressed directly with families as part of the placement planning process.

8. Foster family agencies and group home providers are selected based on their ability to work with the child and family in meeting individualized child and family needs and promoting strengths. Foster family agencies and group homes use life domain planning strategies that support the maintenance of the child's ties to family and community and are compatible with the family's culture and preferences.

9. Foster family agencies or group home providers use family teams in individualized planning for children. Team members are selected by the child and family, based on who knows them best.

10. Children's individualized placement plans address: 1) children's strengths and needs in all life domains; 2) strategies that will be used to support strengths and ensure that needs are met; 3) crisis plans that support a policy of persevering with the child through challenges; 4) team members who are responsible for ensuring that identified strategies are in place and are effective; 5) methods and timeframes for assessing progress and/or outcomes; and 6) transitional supports that will be provided to enable children to successfully return to families and communities.

11. Child welfare and adoption workers openly and respectfully share concerns with families related to reunification. Birth families, foster families, and placement providers are engaged in the concurrent planning assessment process as early as possible to identify alternative permanent plans in the event that reunification cannot occur.

**Program:**

1. Child welfare agencies identify and use placement resources that support family-centered, strength-based, and life-domain planning practices in addressing child and family needs. Placement resources provide individualized services and resources that are responsive to families' culture, values, choices and preferences.

2. Opportunities are created among agencies to enable child welfare staff, families, and placement providers to work collaboratively in identifying strengths, needs, and individualized plans for children and families.

3. Program procedures support the involvement of child welfare workers and service providers across placements to provide consistency and continuity.

4. Program procedures promote individualized, team-based placement planning, involving families, workers, placement agencies, and community service providers.

5. Program procedures support staff and service providers in maintaining or re-establishing children's ties to their families. New family connections are established when families are unavailable due to permanent absence or court restrictions.

6. Placement selection procedures encourage the placement of children with providers who are sensitive to children's ties to their families, to their communities, and to their need for permanency.

7. Procedures are developed to ensure that individualized plans include: identification of children's strengths and needs, specific actions that will be taken to support children's strengths and address their needs, identification of team members responsible for ensuring that needs are met, and methods and timeframes for assessing progress and/or outcomes; and transitional supports that will be provided to enable children to successfully return to families and communities.

**System:**

1. Interagency training within communities promotes the use of family-centered, strength-based practices among community service providers and placement providers.

2. Child welfare agencies, foster family agencies, and group homes work collaboratively in sharing information regarding program strengths and the capacity of agencies to address the individualized needs of children and families.

3. Capacity is developed to change placement processes to involve strength-based, individualized assessment and life-domain planning for children and their families. Opportunities are created within service systems to enable child welfare staff, families, and placement providers to work collaboratively in identifying strengths, needs, and individualized plans for children and families.

4. County placing agencies, foster family agencies, group home providers and families participate in training that supports family-centered, strength-based assessment and life-domain planning.

5. Interagency protocols and memoranda of understanding promote individualized, team-based placement planning, involving families, workers, placement agencies, and community service providers.

6. The monitoring and evaluation of placement and service effectiveness involves families and support teams and is built into planning and reassessment processes. Evaluation methods assist in measuring progress and service effectiveness for individual children and provide outcome information for placement agencies.

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**Other Resources**

The University of South Florida holds an annual conference on children's mental health issues and graciously publishes their conference proceedings at http://lumpy.fmhi.usf.edu/CFSroot/rtc/rtchome.html. Especially helpful was *10th Annual Research Conference Proceedings.* (1997). A System of Care for Children's Mental Health: Expanding the Research Base. Tampa Bay, FL: Florida Mental Health Institute. Available: http://lumpy.fmhi.usf.edu/CFSroot/rtc/proceed10th/10thindex.htm.

Wraparound, Inc. maintains a helpful website at http://www.wrap-around.com.

The Beach Center on Families and Disability has research briefs at http://www.lsi.ukans.edu/-beach/html/research_briefs.htm.

The National Resource Center for Family Centered Practice (The University of Iowa, School of Social Work, 112 North Hall, Iowa City, Iowa 52242-1223; telephone: (319) 335-2200; FAX (319) 335-2204) maintains a database of bibliographies at http://www.uiowa.edu/~nrcfcp/new/bib.shtml. The Federation of Families for Children's Mental Health, a national parent-run organization focused on the needs of children and youth with emotional, behavioral, or mental disorders and their families, can be found at http://www.ffcmh.org.

Eastfield Ming Quong, whose mission is to help children and their families achieve and maintain emotional and mental health through a broad range of treatment, educational, and research programs, can be found at http://www.emq.org.

*The Calliope Journal*, a resource on wraparound by Patricia Miles and John Franz, is excerpted at http://www.paperboat.com.

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Attachment 3

**Project Timeline: Outcomes and Completion Dates**

- CDSS hosts a Research Forum to discuss the pilot and the evaluation design by September 8-9, 1999.
- CDSS receives letters of interest by August 31, 1999.
- CDSS selects pilot counties by September 15, 1999.
- The Design Team convenes and works with Research Advisory Group to plan for data collection and analysis by September 23, 1999.
- The Design Team defines its outcome indicators and meets regularly with the Advisory Group to develop a child and family assessment protocol by February 1, 2000.
- Ensure stakeholder review of design and make any appropriate revisions by February 29, 2000.
- The Design Team implements the child and family assessment protocol within the selected pilot counties and provides technical assistance by March 1, 2000.
- Select an independent evaluator to evaluate the child and family assessment protocol pilot by August 2000.
- Using the results of the pilot project and including a review of the implementation evaluation, CDSS reports to the Legislature with recommendations for implementation by May 1, 2001.